

# COMMERCIAL BUILDING PERMIT APPLICATION

Permits Returned By: E-Mail \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Pick-up \_\_\_\_\_



App. Number \_\_\_\_\_

## Property Information

Address \_\_\_\_\_ Lot \_\_\_\_\_  
Parcel ID \_\_\_\_\_ Unit/Suite/Building \_\_\_\_\_ Zoning \_\_\_\_\_

## Owner Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## Project Type

New Building ☐ Addition/Alteration ☐ Repair/Replacement ☐

## Project Information

Project Name \_\_\_\_\_ Construction Cost \_\_\_\_\_  
Construction Square Feet \_\_\_\_\_ Building Square Feet \_\_\_\_\_  
Number of Structures \_\_\_\_\_ Number of Units \_\_\_\_\_ Acreage \_\_\_\_\_ Flood Zone \_\_\_\_\_

Project Name _____	Ownership	Private <input type="checkbox"/>	Public <input type="checkbox"/>
Current Use Group _____	Heating Fuel	Gas <input type="checkbox"/>	Electric <input type="checkbox"/> Other <input type="checkbox"/>
Proposed Use Group _____	Water Supply	Private <input type="checkbox"/>	Public <input type="checkbox"/>
Construction Type _____	Water Contractor _____		
Occupancy Load _____	Sewage Disposal	Private <input type="checkbox"/>	Public <input type="checkbox"/>
	Sewer Contractor _____		

## Plans Information-4 Sets of Drawings Required

Plans Prepared By \_\_\_\_\_ Address \_\_\_\_\_  
Ohio Registration Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Architect ☐ Engineer ☐ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
If applicable, enter adjudication order number here: \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## Professional Information

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## Contractor Information

DBA \_\_\_\_\_ Registration No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Owner ☐ Authorized Agent ☐

## Zoning Overlays

HPA ☐ CBD ☐

## Office Use

Receipt/Trans. No. \_\_\_\_\_  
Check No. \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Date Issued \_\_\_\_\_

### FEES

Building \_\_\_\_\_  
Occupancy \_\_\_\_\_  
Rec/Development \_\_\_\_\_  
Plans Exam \_\_\_\_\_  
Water \_\_\_\_\_  
Sewer \_\_\_\_\_  
Landscape \_\_\_\_\_  
Other \_\_\_\_\_

Zoning \_\_\_\_\_  
State Fee (3 percent) \_\_\_\_\_  
Total Fees Due \_\_\_\_\_

### APPROVALS

Plans Examiner \_\_\_\_\_  
Date \_\_\_\_\_  
Zoning \_\_\_\_\_  
Date \_\_\_\_\_  
Issuing Authority \_\_\_\_\_  
Date \_\_\_\_\_